

## CONTACT TRACING

- (2) Police records. Every police station has a list of prostitutes and many of the women on it, by reason of the fact that they have at some time been medically examined in custody, are known to be infected.
- (3) Discharges from the women's services on account of promiscuous behaviour or of venereal disease.
- (4) Records compiled by venereal diseases hospitals and clinics of defaulting patients who have admitted to a promiscuous way of life.
- (5) The Regulation 33B registers.

Information from all these sources would overlap, and the findings of a central register could never be complete. For instance, it would leave out a class with which I have become familiar: wives of men absent in the Forces. These young women have probably claimed exemption from National Service direction on the grounds of having young children. Some of the ones I know seem to have managed to "park" their children elsewhere and to be leading lives of prostitution without hindrance. Incomplete as it might be, such a survey would give some sort of picture of the situation as it exists, and my own guess is that the size of it would be somewhat disquieting.

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## THE SOCIAL ASPECT OF THE VENEREAL DISEASES—3

### CONTACT TRACING \*

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The term, contact tracing, is used to describe a method for the discovery of persons infected with venereal disease and a means of study of the social conditions in which such persons live.

In contact tracing a method has been found by which persons believed to have had sexual contact with a patient suffering from a venereal disease, whether the infection has been transmitted to or received from the patient, are sought and, when identified, persuaded to attend a Venereal Diseases Clinic for examination and, if necessary, for treatment. The method has been successfully employed in the United States of America for some years and the procedure adopted on Tyneside was based on that of the Medical Services of the United States Army, whose contact tracers in this country gave advice which proved to be of great value in carrying out the experimental scheme. Although the scheme had the title, Tyneside, it actually covered the whole of Northumberland, the northern quarter of Durham County and the County Boroughs of Gateshead, Newcastle, South Shields and Tynemouth; the local authorities for these areas, with the approval and support of the Ministry of Health, were responsible for its inception and execution. The work was organized by a liaison officer, who was a trained hospital almoner with general social experience. It was carried out by health visitors, two of whom were engaged in it whole time and one half time; the remaining seven combined contact tracing with their other duties.

The voluntary cooperation of both patients and contacts was sought and in most instances obtained; only 46 out of the 479 contacts who were identified and interviewed refused or failed to attend for examination. The information given by some patients was of such a nature as to suggest a deliberate withholding of fuller details but, as so much of the sexual intercourse responsible for the transmission of venereal disease infection is casual, it was impossible to tell when this vagueness was intentional and when it was unavoidable. Only 20 patients refused to disclose the names of their consorts and most of these promised to advise them to seek medical attention, but whether or not these promises were fulfilled could not be verified. The cooperation of the patients was gained by first discussing with them the implications of the disease for themselves; questions were then put to them

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\*An address to the Medical Society for the Study of Venereal Diseases, 25th November 1944.

about the source of their infection. It was explained that if they were correct in attributing their infection to the contacts they named, it was equally important that the contacts should be found and treated. Further enquiries were then made about any contacts the patients might have had subsequent to their own infection. Enough information was given to permit of attempts being made to find 748 out of 1,012 contacts named in the year ; included in this figure were 276 contacts named under Regulation 33B by medical officers of treatment centres other than local venereal diseases clinics.

### Identification of contacts

The enquiries which have to be made in the process of tracing contacts inevitably reveal their way of living and their environment, whilst in the interview which follows identification some insight into the character of the contact is gained. This knowledge of the social background is helpful when the worker is looking for contacts and when plans for their attendance at clinics have to be made. In each district certain streets, dwelling places and public houses are known to be frequented by prostitutes and women of easy virtue ; to these places go women of similar character who come from other areas and men who seek the services of such women. These persons do not appear to desire any privacy nor to accord any to others, so that very quickly the contact tracers are known and recognized when they visit them. When new contacts are named and said to be living in the same house, if possible, different workers are selected, so that the confidence of this new contact can be won, but all too often with these women it is the contact herself who is responsible for revealing that she is infected, or thought to be, and betraying by this indiscriminate talk both herself and the contact tracer. The only occasions on which gossip of this kind is of help are those on which it allays the suspicions of publicans and barmaids.

There were 360 contacts of whom the full name and address were given. Most of these were genuine and it was possible to find out something about the persons in question, although not all of them were identified. A number of them were women who had stayed at the address given, usually that of furnished rooms, for a few days only and, although their existence was proved, they could not be found. Such an address was revisited at intervals and occasionally the contact returned to it and was thereupon interviewed. Included in this category of complete information were the husbands and wives who had been named by their married partners as the source of their infection. The figures for the whole year are not yet complete, but in the first six months half of these contacts were not infected when they attended for examination and it was sometimes difficult to tell whether, if infected, they were the source of infection or the victims of it. Other contacts about whom complete information was given were the partners of more or less regular liaisons, or women with a settled way of living for whom intercourse was an occasional indulgence or was by way of being part-time prostitution.

When a contact had been identified the first interview with the person concerned followed. In the course of it the contact was informed that a friend was suffering from an infectious disease and it was suggested that he or she might have it also. Almost every contact, whether man or woman, recognized at once that it was venereal disease to which reference was being made. Most of them, especially the women, denied that they were infected, although few objected to the implication that sexual intercourse had taken place outside marriage. These remarks concern only those contacts who were unmarried or who were named by consorts other than their husbands or wives. Great care was always taken to avoid attributing to the identified contact the responsibility for transmitting the infection—a matter which was open to doubt—even when the contact was found to be infected with the same disease as the original patient.

The expression, incomplete identifying information, used about contacts, indicates that either a name or an address was given ; of these there were 140 instances. When an address and some description is received, there is a reasonable chance of finding the contact even though no name is given ; but when only a name

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without any descriptive details is available and a street, popular dance hall or public house is stated to have been the meeting place, the task of finding the contact is much more difficult. The lack of an address suggests that the patient had had only a very slight acquaintance with the contact. The name too may be wrongly spelt or it may be one of many aliases. Even when people are known to use various names, it is impossible, unless a description is included, to approach them with any firmness or confidence and, if they deny using this particular alias, then the contact tracer has to withdraw. If the name or the use of the alias is admitted, identification is simple and the contact can be interviewed and advised to attend a venereal diseases clinic.

*Promiscuity*—The promiscuity which is so frequently responsible for the spread of venereal disease also adds to the problems of the contact tracer. The choice of a casual consort appears to depend more upon chance than upon any process of selection, so that when, perhaps some days or weeks later, a description of this contact is asked for, few details remain in the memory. These details may happen to be of height, weight, build and some recognizable characteristic, but more often they are of colouring, in such indefinite terms as dark or fair, and of some article of clothing. Clothes may be changed often and even colouring, in these days of dyes and bleaches, is an unreliable guide to identification. Descriptions are acted on only when they include some details which can be definitely identified or if there is coupled with them a first name or nickname. The number of Christian names seems to be very limited, with all too many Marys and Bettys, and the invention of nicknames seldom reveals much originality or aptness. The workers endeavoured to trace 248 of those contacts about whom identifying information was vague.

*Places of meeting*—Casual contacts of this kind are generally "picked up" in streets, railway stations, dance halls or public houses. Few attempts have been made by social workers to find contacts in the streets, partly owing to the difficulties of observation and partly to the fact that the names of such "pick ups" are seldom known, and that out of doors there is no means of discovering a name by which to address the contact. Some street walkers have been recognized but, as there was insufficient evidence to prove their identity, they have not been counted as having been identified. Some have been described by two or three patients so that a more complete picture could be formed of them. Others again were persons whose habits and beats were already known so that when mentioned as contacts they could be found. The same difficulties occur in the railway stations as on the streets, and visits to these places resulted only in information as to their being generally used as a last resort when "picking up" has not succeeded elsewhere, or frequented by the cheaper prostitute who must have several consorts daily in order to earn a living.

Most of the dance halls on Tyneside are let by the management to organizations which occupy them only occasionally and provide their own stewards, so that there is no one in attendance regularly who knows the persons who frequent the hall. There are one or two exceptions, but these are large and popular halls in which few of the clients are known to the waitresses or attendants. Some contacts have been identified in dance halls in the smaller towns.

The efforts to trace contacts in public houses have been more successful. A considerable proportion of the customers come frequently and not only know the other regular customers but recognize and often remember a new-comer. In several houses after a few visits it was possible to obtain the cooperation of the manager or barmaids, who were of great assistance in pointing out the contact or giving information about when or where she could be found. Men contacts were not sought in public houses, partly because the descriptions given were even less useful as a means of recognition than those of women, and partly because these casually encountered men were often only temporarily in the district as they were serving in the Forces or the Merchant Navy. Almost a third of the number of contacts named in the first half of the year were met in public houses and the figures so far available for the second half suggest that the proportion has not

changed markedly. In addition many patients had already been drinking although they did not "pick up" their consorts in a public house. The association of drinking with casual promiscuity is revealed in the stories told by patients and contacts and by the behaviour observed in the public houses which are most frequently named as meeting places. For women this association of drink and sexual indulgence may be due to the relaxation of moral judgment, or else the promiscuity may provide drink or money for it.

When looking for contacts in these meeting places the social workers have been able to watch the use that was made of leisure time and to note the craving for pleasure and excitement. It is perhaps the need for excitement that constitutes the chief danger for many people, especially in war time when the family may be scattered and the normal interests of home life lacking. Then there is the desire for luxuries, such as tobacco and clothes, which perhaps cannot be bought out of the usual income. The opportunity to satisfy all these tastes may come only through prostitution for those women whose earning capacity is small because of want of ability or training.

The contact who has been recognized in a public house may be interviewed at the time, probably in the cloakroom or outside in the street, or an appointment may be made for another meeting. It is seldom desirable to reveal the reasons for the interview to the contact in full view of the other customers; it is unfair to her and may result in the contact tracer's business becoming known. After the first interview the contacts, who are mostly of a friendly and easy disposition, often approach the workers in the public houses. On the whole such conversations are of help, especially as the contact frequently talks about other women and unintentionally provides the workers with clues to the identity or whereabouts of people for whom she is already looking. When the interview does take place it is on the same pattern as that with any other contact, wherever it may be held. Sometimes contacts who are identified away from their homes prefer not to reveal their addresses at first, which is understandable, especially as some of them are or have been wanted by the police.

### **The first interview**

It cannot be too strongly emphasized that the first interview is of the utmost importance. If the right relationship with the contact is established her confidence will be won; she will then be more easily persuaded to attend a clinic and to continue to attend for as long and as often as is necessary. On the other hand, if the manner of approach is wrong and the contact's confidence is not gained at this stage, it is almost impossible for the same contact tracer to win it later and it is better to try a different worker. The error may not be the fault of the contact tracer who has conducted the interview, but be due to incorrect information, so that from the beginning the worker is under a misapprehension. Unless a complete name and address have been given, so many enquiries must be made that fortunately false statements or inaccuracies are usually discovered before the identification is established, and the probabilities of any serious blunder are therefore slight. One patient gave a full name and address for his consort and said that he had been living with her for some months. He promised to try and bring her to the clinic. When she did not attend within the agreed period she was visited. Meantime this liaison had ended and the woman's husband, who had returned, not unnaturally wished to know "what it was all about". A different worker paid the second visit and found both husband and wife dressed and ready to be taken to the clinic; the husband had been told about the liaison and was prepared to overlook the infection which resulted from it, as well as the liaison itself.

### **Arrangements for examination**

At the first interview the contact is urged to come for examination as soon as possible. The avoidance of delay at this stage is of assistance to the contact, because it prevents the natural anxiety from being unduly protracted, and to the contact tracer, because it lessens the likelihood of a change of mind. The worker

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must always offer and be prepared to meet and accompany the contact to a clinic on the first visit ; women are often grateful for this help and avail themselves of it. Of the 224 contacts who attended a clinic for the first time, 72 were accompanied by contact tracers. Appointments were made with other contacts and much time was wasted in waiting for people who failed to appear.

If the contact either does not agree at the first interview to attend for examination or fails to keep the appointment made, further visits are paid ; but these later interviews do not produce such good results. The diminishing returns in relation to expenditure of effort may be accounted for by the fact that later interviews are needed just because the contacts, through ignorance or stupidity, do not realize the importance of finding out whether or not they are infected, even when they admit having had intercourse with a person now found to be suffering from a venereal disease. Both men and women contacts have been guilty of this inability to recognize their interests and to accept responsibility for the results of their own actions. Evasion of responsibility is characteristic of the promiscuous person ; it is indeed the very foundation of promiscuity and it tends to affect every sphere of the life of such people. Even if persons who are so careless of their own interests and regardless of the claims of others do present themselves for examination, they may cease attending before either their tests or their treatment are complete.

### Multiple notifications

During the past year 39 contacts, including one man, were each named more than once and these same people accounted for 96 notifications under Regulation 33B. They represent the most difficult part of the venereal diseases problem and that for which it is hardest to find a solution. Although the Scheme has run for a year only, some of these same persons have already been treated and rendered non-infectious, only to return in a short time with a fresh infection. At least 5 of them have spent some part of the year in prison. The younger women may be living with parents or in their own homes ; the older ones are mostly in furnished rooms in houses of doubtful reputation. All of them change their addresses frequently and the contact tracer finds it difficult to catch up with them.

### Conclusions

Contact tracing, combining as it does the seeking of the contacts, the establishment of friendly relationship with them when found and the opportunity to maintain a continuous observation of a changing social problem, should provide material from which a future policy can be shaped.

## DISCUSSION ON THE PRECEDING PAPERS

Col. L. W. Harrison said that the three openers had made a fairly strong case for the adoption of the methods which they advocated. He would prefer to infuse a little caution into the estimation of the respective values of different methods of contact tracing. He realized that in doing so he ran the risk of being considered unsympathetic. In order to counteract such a suspicion he would affirm his strong support of almoners' work in venereal diseases clinics and of the principle of contact tracing.

It was necessary to be practical and he would therefore like to discuss the economic aspect of the different methods of contact tracing, because he was quite sure that the present war would not have ended many months before there would be a strong campaign for financial retrenchment. He spoke from experience, for he had lived through other financial crises, all of which had frustrated his attempts at reform of the venereal diseases centres, and he was sure that when the golden torrent had dwindled to a trickle the inevitable question would be asked : "Is it worth while ?" It would be useless to answer: "Of course." That would not convince the Treasury. Chapter and verse must be given in order to win the case for the grants which would be necessary for the work to continue. Those who were concerned with contact tracing should begin to analyse their results under three different categories : first, contacts secured through the original patient's persuasion ; secondly, contacts obtained through visits by contact tracers ; thirdly, contacts obtained through the operation of Regulation 33B.

Under each of these categories should be stated the proportion which that category bore to the total number of early cases dealt with in the treatment centre in question, together with the proportion of persons in the category who had been found actually to be suffering from infectious